

TRANSMITTAL FOR CRIMINAL BACKGROUND CLEARANCE
(This form is to be used for CNA/HHA students only)

Completed HS 283B applications are attached for the following students who are **enrolling** in a:

☐ CNA Program

☐ HHA Program

☐ Combined CNA/HHA Program

Also attached for each applicant is the 2nd copy of the completed BCII 8016 live scan form signed by the fingerprint technician.

NAME	*SOCIAL SECURITY NUMBER

Name and Address of facility or school: _____ We plan to begin the class on (date) _____

Contact Person: _____ Tele No.: _____

ATCS-approved facility/school ID number(s): CNA _____ HHA S9 _____

*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code section 17520. subdivision (d), the California Department of Health Services (CDHS) is required to collect Social Security numbers (SSNs) from all applicants for nursing assistant, home health aide, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your SSN is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR subsection 61.1 et seq. Failure to provide your SSN will result in the return of your application. Your SSN will be used by CDHS for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary data bases or as the basis of a disciplinary action against you.

Date Submitted: _____